## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

108324.00001

| CLAIMS AS FILED - PART (<br>(Column 1)  |  |  |                                    |                        |                            | mn 2)                            |                  | SMALL ENTITY TYPE \ |                         |         | OTHER THAN              |                        |
|---|--|--|------------------------------------|------------------------|----------------------------|----------------------------------|------------------|---------------------|-------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS  |  |  | 1/                                 |                        | 1                          |                                  |                  | RATE                | FEE                     |         | RATE                    | FEE                    |
| FOR   |  |  | NUMBER FILED                       |                        | NUMBER EXTRA               |                                  |                  | BASIC FEE           | 355.00                  | OŘ      | BASIC FEE               | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | /6 minus 20=                       |                        | *                          |                                  |                  | X\$ 9=              |                         | OR      | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |  | minus 3 =                          |                        | *                          |                                  |                  | X40=                |                         | OR      | √ X80=                  |                        |
| MU  | LTIPLE DEPEN                                   | IDENT CLAIM P                            |                                    |                        |                            |                                  | +135=            |                     | OR                      | +270=   |                         |                        |
| * If the difference in column 1 is less than zero, en   |  |  |                                    |                        | r "0" in c                 | olumn 2                          |                  | TOTAL               | 355                     | ОR      | TOTAL                   | ř                      |
| CLAIMS AS AMENDED - PAR   |  |  |                                    |                        | T II                       |                                  |                  |                     |                         | 11      | OTHER                   | THAN /                 |
| (Column 1) (Column 2) (Column 3)  |  |  |                                    |                        |                            |                                  |                  | SMALL               | ENTITY                  | ÓR      | SMALL                   | ENTITY/                |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT          |                                    | NUM<br>PREVIO<br>PAID  | BER<br>OUSLY               | PRESENT<br>EXTRA                 | · .              | RATE                | ADDI-<br>TIONAL<br>FEE: |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 16                                     | Minus                              | 7                      | 0                          | = ^                              |                  | X\$ 9=              |                         | OR      | . X\$18=                | 7 + 3                  |
|   | Independent                                    | <u> </u>                                 | Minus                              | / ***                  | 3                          | =                                |                  | , X40≕              |                         | OR      |                         | 12/11/2                |
| 30.<br>30.43  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |                        |                            |                                  | ارات<br>نمارو کا | 1.2.3               | 410                     |         | 7-2-2                   | - 4                    |
|   |  |  |                                    |                        |                            |                                  |                  | *135 <u>7</u> 3     | * 91.7%                 | OR      | +270≐                   | Color of               |
|   |  |  |                                    |                        | 3 7                        |                                  |                  | ADDIT FEE           |                         | OR      | ADDIT FEE               | 11249                  |
| -3  | an Marian Andrea of                            | (Column 1)                               |                                    | (Colui                 |                            | (Column 3)                       | -<br>- ₹:        |                     |                         |         |                         |                        |
| MENDMENT B  |  | REMAINING                                |                                    | 2.5                    | BER                        | PRESENT                          |                  | RATES               | ADDIA<br>TIONAL         |         | E/ATE-                  | ADDI:<br>TIONAL        |
|   | Process Secretarial Pro-                       | AMENDMENT                                |                                    |                        | FOR                        | EXTRA .                          | 1                |                     | ABEE .                  |         |                         | HEE.                   |
|   | Total  |  | Minus                              | 8                      | <i>xu</i>                  | -                                |                  | X\$ 9≣.             |                         | OR.     | X\$i8 <u>⊨</u>          |                        |
|   | Îndependent                                    |  | Minus .                            | Vand II                | <u> </u>                   |                                  |                  | .X40=4              | Ø/:                     | )<br>() | X80≟X                   | W. W.                  |
|   | FIRST PRESE                                    | MIATION OF MI                            | ULTIPLE DEF                        | PENDEŅT                | CLAIM                      |                                  |                  |                     |                         | )       |                         |                        |
|   |  |  |                                    |                        |                            |                                  |                  | +135= ∤             | 14.20                   | OR      | ×+2/0≡x                 |                        |
| 5.75<br>3.  | **************************************         |  |                                    | •                      | 9                          | 1                                |                  | TOTAL<br>ADDIT: FEE |                         | OR:     | TOTAL<br>ADDIT: FEE     | -0.40Vi                |
| 1.0   |  | (Column 1)                               |                                    | (Colur                 |                            | (Column 3)                       |                  | W. W. Sold          |                         |         |                         |                        |
| O,  |  | CLAIMS<br>REMAINING                      |                                    | HIGH<br>NUM            | BER                        | PRESENT                          | 7.0              |                     | ADDI                    |         |                         | ADDI:                  |
| DMENT C   |  | AFTER AMENDMENT                          |                                    | PREVIO<br>PAID         |                            | EXTRA                            |                  | RATE                | TIONAL<br>*FEE*         |         | RAVIE                   | TIONAL                 |
| WON   | Total  |  | Minus.                             | **                     |                            | = . 4                            |                  | X\$ 9≟              | 114                     | OR.     | (X\$18 <u>=</u> †       |                        |
| MEN   | Independent                                    |  | Minus                              | ***                    | 4)                         | =                                |                  | X40=                |                         |         | X80=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |                                    |                        |                            |                                  |                  |                     | V 11196                 | OR:     | 10 × 3 · · · ·          |                        |
|   |  |  |                                    |                        |                            |                                  |                  | +135≝ ″             |                         | ÓR:     | ‡+270≦∂                 |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |  |                                    |                        |                            |                                  | "                | TOTAL<br>ADDIT, FEE |                         | OR:     | TOTAL ADDIT FEE         | 1.3                    |
|   | f the "Highest Nu<br>The "Highest Num          | mber Previously Pa<br>ber Previously Pai | aid For" IN THI<br>d For" (Total o | S SPACE i<br>Independe | is less tha<br>ent) is the | n 3, enter "3."<br>highest numbe | 1                |                     | ropriate box            | *(C)    | A STATE OF THE STATE OF | 111                    |
|   |  |  |                                    |                        |                            |                                  | •                |                     |                         |         | 3 14 /                  | A. 1.85                |